

3145 GREY RD

00332110

12/21/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1441 B DATE: 9-12-97

TC: 003-031-05 ☒ L ☐ CRT

SERIAL Nº 17279

Name of Owner Larry W. Deal Juris.:

Address of Property 3145 Grey Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100'

Cover Depth 12-24"

Water Supply Source Priv. Well

Distance to Water Source 750' to neighbor's well

Excavation Inspected 9.12

Tank(s) Inspected 9.12

Wash Line Inspected N/A

High Water Alarm Inspected N/A

* Well has not been drilled for this lot, yet

PLOT

Design 1997, 1500ST. CON, 1200SF, T, 12G, like Cecil-Erin CTR# 52

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type II a 3 bedrooms

(4) 3'w x 100'l x 12" stone

Larry B. Thompson, Jr. R.S.

Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

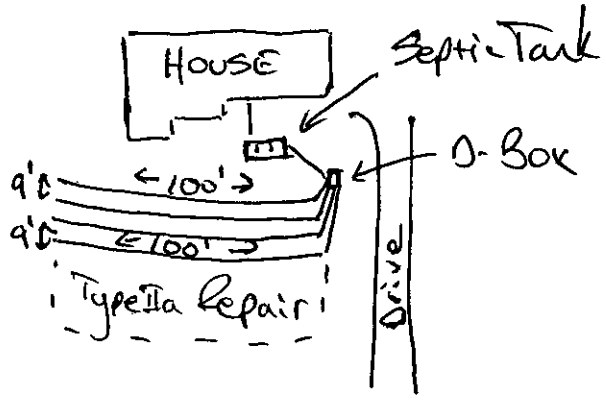
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1441 B DATE: 7-7-97

TC: 003-031-05 A

SERIAL Nº 17283

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 5-29-96. All work shall be completed on or before 8-7-97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Larry W. Deal

LOCATION OF PROPERTY 3145 Grey Road

Comments: Type II a 3 bedrooms

(4) 3'w x 100'L x 12" stone

Tommy B. Thompson, Jr., R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

ck # 526 LOT #1 $100

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** DEPT
DATE: 7-23-96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 7/19/96 **PERMIT NO:** 1441B
PARCEL NO: 20 003-031-05

JOB LOCATION ADDRESS: 3145 Grey Road
PROPERTY OWNER: Larry & Carolyn Deal
BUILDING CONTRACTOR:
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Tina B. Mialik RS **DATE:** 7/19/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1441B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See conditions of improvement permit & associated plot plan.
7/29/96 Note: Installation for 3 bedroom house changed from a 2 bedroom to a 3 bedroom @owner's request. jpm

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

7-23-96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE

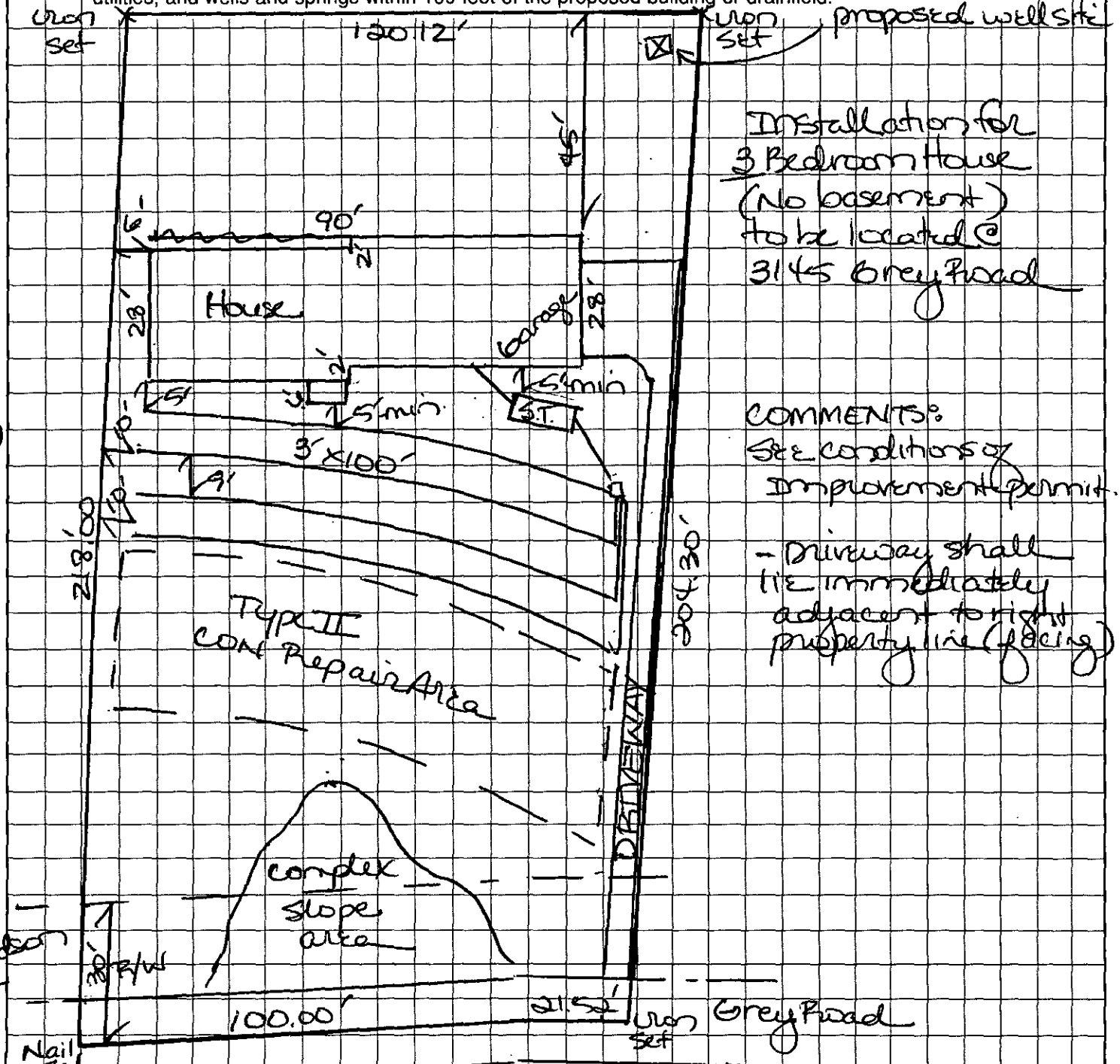
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1441 B

TC: 003-031-05 P/O

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE 7-23-96

DATE

APPROVAL DATE 7/19/96 Jiba B. Malik RS

Pg 2 of 2

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Permit Number: 1441B

Tax Number: 003-031-05 P/O

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) Install @ ~24"
3 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone	

Any surface waters present: No Type: Minimum separation distance:

Site modifications required:

Additional Conditions: ① Well shall be maximum feasible distance from any portion of the sewage disposal system; however, no less than 50' minimum. Waterline shall be 10' minimum from sewage disposal system. ② Driveway shall run/lie immediately adjacent to rt. P/L. Keep repair installation upslope as much as possible due to complex slope area

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth Install @ ~24"

For existing system, enter the year originally installed: NA

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable. Improvement Permit Valid 5 years from date of issuance.

Lisa B. Mialik, RS 7/19/96
DEHNR Authorized Agent Date

Owner/Agent Signature 7-23-96
Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS-100195

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1 1441B
PO 003-031-05

OWNER: Jerry W. Deal APPLICANT: _____
ADDRESS: 389 Presbyterian Rd, Mocksville APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 240gpd PROPERTY SIZE: 1.55
LOCATION OF SITE: 3145 Hwy 601 Hwy 801 PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 5-10%	0-3"	gr/cl	Fr/SEXP/SS/SP	> 46" To Chroma 2 Colors	46"	N/A	None	.39/Ps Ps IV
		3-46"	sBK/c	Fr-Fi/SEXP/SP					
2		0-4"	gr/cl	Fr/SEXP/SS/SP	> 46" To Chroma 2 Colors	46"	N/A	None	Ps .39/Ps IV
		4-46"	sBK/c	Fr-Fi/SEXP/SP					
3		0-5"	gr/cl	Fr/SEXP/SS/SP	> 46" To Chroma 2 Colors	46"	N/A	None	Ps .39/Ps IV
		5-46"	sBK/c	Fr-Fi/SEXP/SP					
4		0-4"	gr/cl	Fr/SEXP/SS/SP	> 46" To Chroma 2 Colors	46"	N/A	None	Ps .39/Ps IV
		4-46"	sBK/c	Fr-Fi/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ps	Ps
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.A. Marlin 6-12-96
OTHER(S) PRESENT: _____

COMMENTS:

1003 Report

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

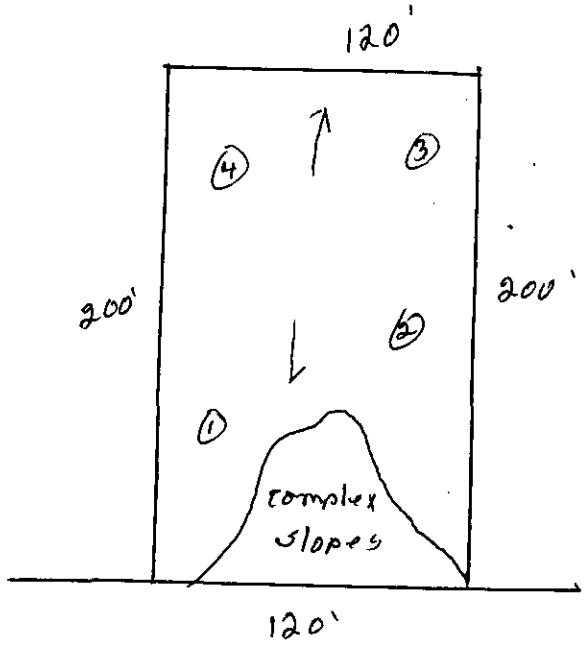
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designatic
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Grey Road

Fil 1/4/18

DATE July 16, 1996

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

003-031-05 P/O
PARCEL NUMBER

3145 Grey Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot #1
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A (Larry & Carolyn Deal)
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: Move on.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☑ NEW ADDRESS

SIGNED: Jack W. Wyte

REVISED 1/91

The property hereinabove described was acquired by Grantor by instrument recorded in .....

Book 2083, Page 113

A map showing the above described property is recorded in Plat Book ..... page .....

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

Subject to all valid easements and restrictions of record.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

..... (Corporate Name)

By: .....

..... President

ATTEST:

.....

..... Secretary (Corporate Seal)

USE BLACK INK ONLY

Larry Deal (SEAL)
LARRY DEAL

Carolyn B Deal (SEAL)
CAROLYN B. DEAL

..... (SEAL)

..... (SEAL)

SEAL-STAMP

MARY KAY HAWKS NOTARY PUBLIC COMMONWEALTH OF VIRGINIA

Use Black Ink

NORTH CAROLINA, ... County.

I, a Notary Public of the County and State aforesaid, certify that Larry Deal and Carolyn B. Deal Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 12th day of July, 1996.

My commission expires: June 30, 2000 Mary Kay Hawks Notary Public

---

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, ... County.

I, a Notary Public of the County and State aforesaid, certify that .....,

personally came before me this day and acknowledged that ____ he is ..... Secretary of ..... a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its ..... President, sealed with its corporate seal and attested by ..... as its ..... Secretary.

Witness my hand and official stamp or seal, this ..... day of ....., 19.....

My commission expires: ..... Notary Public

The foregoing Certificate(s) of .....

.....

.....

is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

..... REGISTER OF DEEDS FOR ..... COUNTY

By ..... Deputy/Assistant - Register of Deeds

File 1441B

3145 Grey Rd 2

File #1441B

BK: 08659 PG: 0114/0117 #:0159 15.05
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 07/16/96 11:02

Excise Tax no consideration | Recording Time, Book and Page

Tax Lot No. out of 003-031-05 Parcel Identifier No. .....

Verified by ..... County on the ..... day of ....., 19.....

by .....

Mail after recording to GRANTEE - 7417 Riverside Drive, Fries Virginia 24330

.....

This instrument was prepared by Pestillo & von Peterffy

Brief description for the Index Metes and Bounds

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this ..... day of July, 19 96, by and between

GRANTOR	GRANTEE
LARRY DEAL and wife, CAROLYN B. DEAL	LARRY DEAL and wife, CAROLYN B. DEAL 3201 GREY ROAD DAVIDSON, NC 28036

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of ....., ... Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEGINNING at a new iron found in the center of Grey Road and running with said centerline S 84-29-26 W 100.00 feet to a nail in said centerline; thence N 03-58-55 E 218.00 feet to a new iron; thence S 88-32-53 E 120.12 feet to a new iron; thence N 03-58-55 E 204.30 feet to the point a place of BEGINNING, containing 0.580 acre more or less, according to a survey by Tim E. Williams, NCRLS, dated February 21, 1996, and attached hereto as Exhibit A.

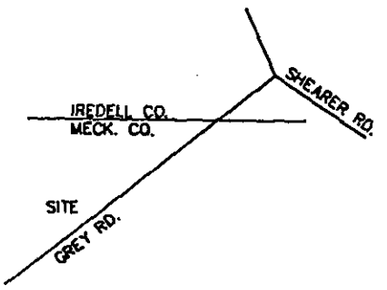
Being a portion of the property of the property conveyed to Grantor in Deed Book 8478, Page 501.

N.C. Bar Assoc. Form No. 3 © 1976, Revised 1977.
Printed by Agreement with the N.C. Bar Assoc.-1981.

File 1441B

Exhibit A





VICINITY MAP

NOW OR FORMERLY
MARTHA A. STRAWN
4690-715

NOW OR FORMERLY
DON L. SMITH
2759-593

IRON SET

IRON SET

IRON FOUND

S 88°32'53" E 422.84'

120.12'

302.72'

N 84°41'50" E 133.13'

S 13°30'10" E 117.58'

N 72°42'42" E

LOT 1
0.580 ACRES

1.419 ACRES

ONE STORY FRAME

SHED

N 03°58'55" E 218.00'

N 03°58'55" E 204.30'

S 04°00'00" W 218.55'

DRIVE

IRON SET

21.52'

78.48'

100.00'

100.00'

S 84°29'26" W 100.00'

S 87°16'26" W 100.00'

N 87°05'34" W

N 80°32'34" W 125.00'

NAIL SET

GREY ROAD SR #2417

IRON FOUND

THIS PLAT IS NOT SUBJECT TO THE ... CITY ... ORDINANCE ... PLANNING COMMISSION. HOWEVER, ANY FUTURE SUBDIVISION OF THIS PROPERTY MAY BE SUBJECT TO THESE PROVISIONS.

CHARLOTTE-MECKLENBURG PLANNING COMMISSION

PLANNING COMMISSION STAFF

1-9-96
DATE

NORTH CAROLINA REGISTERED SEAL L-3591 LAND SURVEYOR TIM E. WILLIAMS

0 30 60 120 180

GRAPHIC SCALE 1 inch = 60 ft.

REVISED 7-02-96 TO SHOW LOT 1

NOTE: THIS PLAT IS SUBJECT TO ANY EASEMENTS, AGREEMENTS, OR RIGHTS-OF-WAY OF RECORD PRIOR TO DATE OF THIS PLAT, WHICH WAS NOT VISIBLE AT THE TIME OF OUR INSPECTION.

NOTE: MAP NOT FOR RECORDATION.

BEARINGS BASED ON RECORD PLAT NOTED BELOW.

" I CERTIFY THAT ON THE DATE SPECIFIED HEREON, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT; ALL OF WHICH WAS DONE UNDER MY SUPERVISION."

TIM E. WILLIAMS NCRLS

MAP FOR	LARRY AND CAROLYN DEAL			
SCALE	TOWNSHIP	COUNTY	STATE	DATE
1"=60'	DEWEESE	MECK.	N.C.	2-21-96
3201 GREY ROAD				
1.999 ACRES				
SURVEYED TEG / MAPPED TEW	TARHEEL SURVEYING CO. 4326 SAXONBURY WAY CHARLOTTE, N.C. 28269 O: (704)547-8960 FAX: (704)548-9328			MAP RECORDED 0000 RECORDED 2083-113

ATTACHED 3201GREY

FEE: 100.00 cash 0247
DATE: 3/29/96

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 1441B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-031-05

STREET ADDRESS: ~~320~~ 315 Grey Road

SUBDIVISION OR MOBILE HOME PARK NAME: —

LOT NUMBER: —

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1600

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

Moving House on Property

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: (LAST) DEAL (FIRST) Larry (MI) W

ADDRESS: 389 Presbyterian Rd

CITY: Mooresville STATE: N. C. ZIP: 28115

DAYTIME PHONE: (704) 892 - 5912

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature] DATE:

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

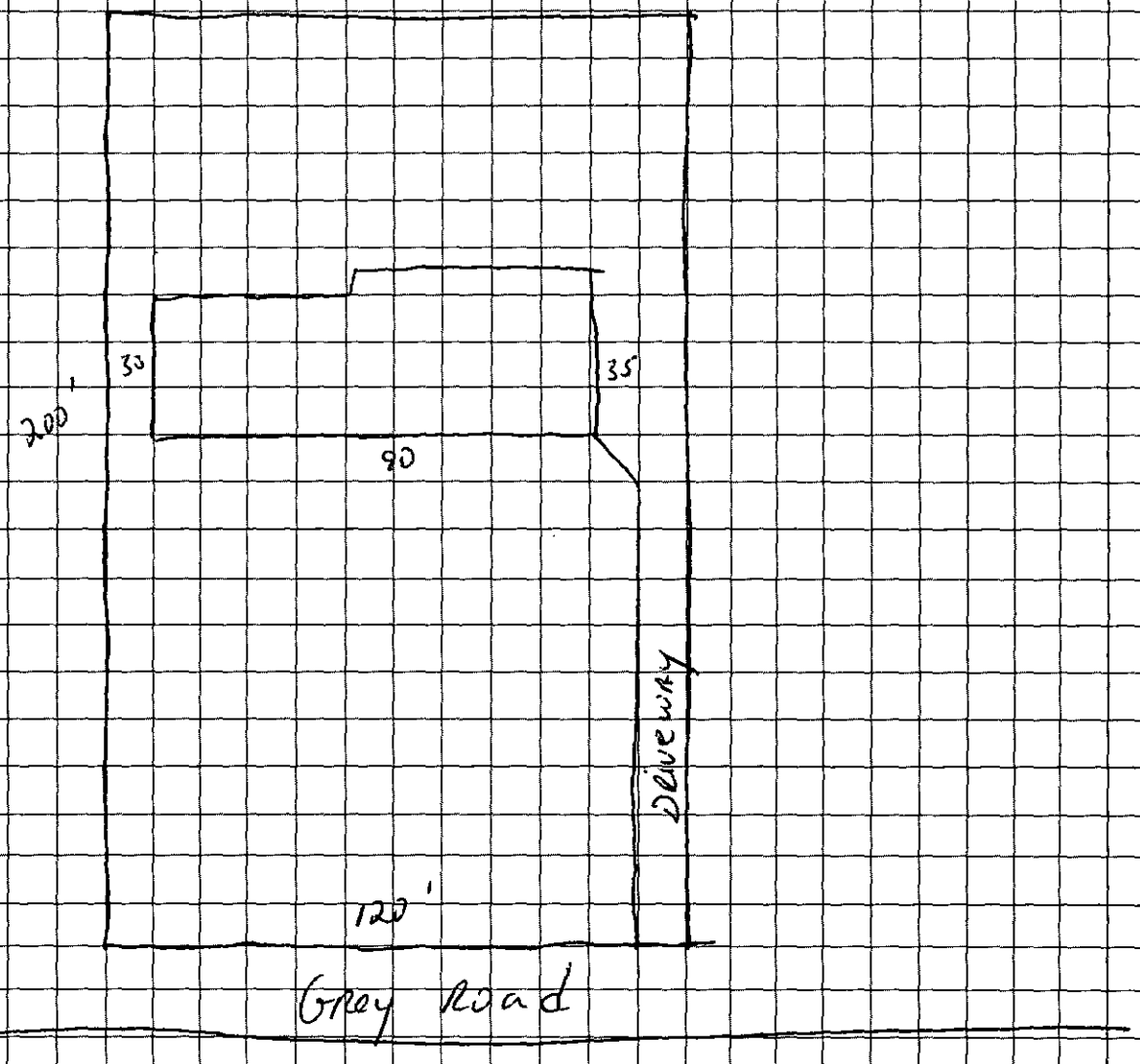
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1441B

TC: 003-031-05

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 5-29-96

APPROVAL DATE _____

OSS Saxon Sellers Smith

White - Health Department's Copy

Canary - E.H.S. Copy "1951"

Pink - Owner's Copy